

U.S. Department of Justice  
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF <b>LOURDEAN LORAH</b>		COURT CASE NUMBER <b>1:06-CV-539 SLR</b>	
DEFENDANT <b>DEPT. OF NATURAL RESOURCES / ENVIRONMENTAL CONTROL</b>		TYPE OF PROCESS <b>ORDER / COMPLAINT</b>	
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN <b>DEPT. OF NATURAL RESOURCES / ENVIRONMENTAL CONTROL</b>		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) <b>89 KING'S HIGHWAY DOVER, DELAWARE 19901</b>		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	<b>1</b>
<div style="border: 1px solid black; padding: 5px;"> <b>LOURDEAN LORAH</b>  <b>114 WALLS AVE.</b>  <b>WILMINGTON, DE. 19805</b> </div>		Number of parties to be served in this case	<b>2</b>
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

**PAUPER CASE****= 2**

2007 JAN - 4 PM 2:00  
 U.S. DEPT. OF JUSTICE  
 OFFICE OF THE U.S. MARSHAL  
 DISTRICT OF DELAWARE  
 RG  
 SCAR

Signature of Attorney or other Originator requesting service on behalf of:

*LOURDEAN LORAH*
☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

**(302) 225-0940**

DATE

**12/8/06****SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>BF</b>	Date <b>12-12-06</b>
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I hereby certify and return that ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

**Marcy Miller - Oper. Support Spec.**

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

**12/28/06**

Time

**12 09 pm**

Signature of U.S. Marshal or Deputy

*Joe Scarle*

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: